



KEANI ALBANEZ ACADEMY BASKETBALL
PLAYER INFORMATION FORM

PLAYER *LAST* _____ *FIRST* _____

ADDRESS _____ CITY/ZIP _____

PLAYER CELL _____ SCHOOL _____ GRADE _____

DATE OF BIRTH _____ AGE _____

PARENTS/GUARDIANS NAMES _____

ADDRESS (If Different) _____

TELEPHONE _____
HOME CELL WORK

EMAIL: Mother _____ Father _____

EMERGENCY CONTACT (NAME/#) _____

I, the undersigned parent/legal guardian of _____
(Write Full Name of Child Here)

To participate in Page Youth Center programs and release Page Youth Center, employees and/or presenters, the Page Youth Center and their assistants from any liability arising from his/her participation in these programs. In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending licensed physician, surgeon, or dentist and performed by or under the supervision of a licensed physician or surgeon.

I hereby authorize any hospital that has provided treatment to the above named minor to surrender physical custody of such minor to the Page Youth Center representative. This authorization is effective until **January 31st, 2021** unless revoked in writing.

IT IS THE INTENTION OF THE UNDERSIGNED, BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE RELEASEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY LOSS OR DAMAGE, AND WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned acknowledges that he/she is aware that by signing this waiver, release and indemnity Agreement, he/she KNOWINGLY AND VOLUNTARILY WAIVES ALL RIGHTS TO ASSERT ANY AND ALL CLAIMS WHATSOEVER FOR ANY PERSONAL INJURY, PROPERTY LOSS OR DAMAGE, OR WRONGFUL DEATH AGAINST THE RELEASEES.

Photo Release: I understand from time to time Page Youth Center representatives may photograph activities of the Page Center programs and participants. By signing this form, I authorize Page Youth Center to use on their website or publish in articles or ads any photographs taken by PYC representatives showing my child's/children's participation.

Signature of Parent / Guardian: _____ Date: _____

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